

CCC-576 U.S. DEPARTMENT OF AGRICULTURE
(Proposal 3) Commodity Credit Corporation

PART A – GENERAL INFORMATION (To be completed by County Office)

NOTICE OF LOSS AND APPLICATION FOR PAYMENT NONINSURED CROP DISASTER ASSISTANCE PROGRAM

(See Page 2 for Privacy Act and Paperwork Reduction Act Statements.)

1. County FSA Office Name and Address (Including Zip Code)		2. Crop Year
3. State and County Code	4. Date Received by County FSA Office (MM-DD-YYYY)	
5. Producer's Name and Address (Including Zip Code)		

PART B – NOTICE OF LOSS (To be completed by Producer)

6. Disaster Event

A. What disaster event(s) caused loss?	B. Beginning date of disaster (MM-DD-YYYY)	D. When was loss apparent? (MM-DD-YYYY)
	C. Ending date of disaster (MM-DD-YYYY)	

7. Crop

A. Crop Name	B. Crop Type	C. Intended Use	D. Practice	E. Planting Period
F. For the crop type entered in Item 7B, was there any agreement or contract for payment for growing the crop, as opposed to delivery of production? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," provide a copy of such Agreement, contract, or a written narrative explanation of agreement.				

8. Intended, but Prevented Planted Acres

A. Farm Number	B. NAP Unit Number	C. Intended, but Prevented Planted Acreage	COC Use Only		
			D. Approved Acreage	E. Approved	F. Disapproved

G. For the intended, but prevented acreage in Item 8C, complete the following entries:

(1) Purchased, Delivery, or Arranged for:	YES	NO	(2) If "YES", in Item F(1), explain and attach copies
(a) Seed, Chemical, and Fertilizer			
(b) Land Preparation Measures			

H. Part or all of the intended, but **prevented** crop acreage has been or will be replanted to another crop? YES NO If "YES", provide details.

9. Disaster Affected Planted Acres

A. Farm Number	B. NAP Unit Number	C. Disaster Affected Planted Acreage	D. Total Planted Acreage	COC Use Only		
				E. Approved Acreage	F. Approved	G. Disapproved

10. What cultivation practices have been and will be employed on damaged crop acreage (e.g., fertilizer, seeding, irrigation, pesticide and herbicide applications; before and after date of damage)? (See attached for details)

11. Has any of the disaster affected planted crop acreage **been** destroyed, or replanted, or put to another use? (If "YES", See attached) YES NO

12. Has, or will all of disaster affected planted crop acreage in Item 9C above be harvested for the intended use in Item 7C? YES NO

NOTE: "If "NO," you must request an appraisal of any planted acreage that will not be harvested for the intended use in Item 7C. You must not destroy or put acreage to another use before written consent is given by an authorized CCC or FCIC loss adjuster for such destruction or other use." Failure to do so will result in loss of program assistance.

13. Will independent assessment be used on all grazed acreage for the crop in Item 7A? YES NO

14. Producer certifies that all information in Part B is correct and acknowledges receipt of copy of this form.

A. Producer's Signature (BY)	B. Title/Relationship (Individual Signing in the Representative capacity)	C. Date (MM-DD-YYYY)
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PART C – COC APPROVAL OR DISAPPROVAL OF LOSS

15. COC must approve or disapprove for applicable intended, but prevented planted and or disaster affected planted acres as indicated above.

A. COC Signature	C. Date (MM-DD-YYYY)
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16. Producer's Name	17. Crop Year	18. Unit No.	19. Pay Crop	20. Pay Type	21. Planting Period
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PART D – APPRAISAL OR REPORT OF PRODUCTION (To be completed by FSA Representative)

22. Crop Type	23. Crushing District	24. Producer Share(s)	25. Acres/ Colonies/ Taps	26. Practice	27. Stage	28. Actual Production	29. Intended Use	30. Final Use	31. Secondary Use or Salvage Value	32. Production Not to Count	COC Use Only	
											33A. Assigned or Adjusted Production	33B. Secondary Use or Salvage Value

PART E – VALUE LOSS CROPS (To be completed by FSA Representative)

34. Crop Type	35. Producer Share(s)	36. Beginning Inventory Or Dollar Value	37. Inventory or Dollar Value After Disaster	38. Ineligible Inventory or Dollar Value	39. Salvage Value

40. Remarks (Any other pertinent information, e.g., Secondary Use, Salvage Value, etc.):

PART F – GRAZING “AND” LOSS CALCULATIONS

41. Crop Type	42. Producer Share(s)	43. Acres	44. Practice	45. Unseeded Land		46. Stage	47. Carrying Capacity	48. Grazing Period	COC Use Only		
				Federal	State				49. AUD Adjustment Factor	50. AUD Loss Factor	51. AUD Assigned

PART G – CERTIFICATION AND APPLICATION FOR PAYMENT

THIS PORTION MUST BE COMPLETED PRIOR TO PAYMENT. Attach Appraisal Worksheet, actual production evidence, CCC-576-1, and, if applicable FCI-6, Statement of Facts. Do not use appraisal when harvested production is available. If destroyed prior to appraisal, crop acreage is ineligible.

The undersigned producers apply for NAP payment on the unit identified in Item 2 in accordance with 7 CFR Part 1437. The producers signing certify that all the information provided is true and correct, and, the production is accurately identified to the unit, share relationship, pay crop, pay type, and year shown. I understand this report may be spot-checked and failure to certify accurately may result in a loss of program benefits. Additionally, I direct the purchaser, warehouse operator, ginner, or any person who otherwise, stores or purchases crop production listed on this form to disclose the production records of such crops to USDA representatives for the purpose of verification. The producer has not chosen or received another USDA benefit that is subject to the multiple benefit exclusion (7 CFR Part 1437.12).

52A. Producer's Signature	52B. Title/Relationship (Individual Signing in the Representative capacity)	52C. Date Signed (MM-DD-YYYY)
53A. LA or FSA Representative Signature (Final)	53B. Date Signed (MM-DD-YYYY)	53C. LA Code No.

PART H – COC APPROVAL OR DISAPPROVAL OF APPLICATION FOR NAP PAYMENT

54A. COC Action APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>	54B. COC Signature	54C. Date (MM-DD-YYYY)
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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is 7 CFR Part 1437, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Agricultural Market Transition Act (7 U.S.C. 7333), and the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to determine eligibility for program benefits in response to an application for payment under the noninsured crop disaster assistance program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits in response to an application for payment under the noninsured crop disaster assistance program..

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0175. The time required to complete this information collection is estimated to average 1 hour and 20 minutes per response, including the time for reviewing instructions, searching existing data sources gathering and maintaining the data needed, and completing and reviewing the collection of information.

The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETE FORM TO YOUR COUNTY FSA OFFICE**

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